

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

NAMIC PAC

ADDRESS (number and street)

3601 Vincennes Road

PO Box 68700

☐Check if different
than previously
reported. (ACC)

Indianapolis

IN

46268

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00170258

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2005

through

06

30

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gregg A. Dykstra

Signature of Treasurer

Electronically Filed by Gregg A. Dykstra

Date

02

27

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
NAMIC PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2005		81286.51
(b) Cash on Hand at Beginning of Reporting Period	81286.51	
(c) Total Receipts (from Line 19)	46602.50	46602.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	127889.01	127889.01
7. Total Disbursements (from Line 31)	48015.69	48015.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	79873.32	79873.32
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

NAMIC PAC

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 5

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22446.00	22446.00
(i) Itemized (use Schedule A)	17656.50	17656.50
(ii) Unitemized	40102.50	40102.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	6500.00	6500.00
(c) Other Political Committees (such as PACs)	46602.50	46602.50
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	46602.50	46602.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	46602.50	46602.50

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		515.69	515.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		515.69	515.69
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		47500.00	47500.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		48015.69	48015.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		48015.69	48015.69

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	46602.50	46602.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46602.50	46602.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	515.69	515.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	515.69	515.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. David L. Anderson, CPCU, PFMM

Mailing Address PO Box 276

City State Zip Code
 Canton SD 57013-0276

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farm Mutual Insurance Co.
of Lincoln C

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 5

Transaction ID: R5521

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. L. Keith Birkhead, CPCU

Mailing Address 1122 N. Main

City State Zip Code
 McPherson KS 67460-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Alliance Companies

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 4 / 2 0 0 5

Transaction ID: R5211

Amount of Each Receipt this Period

1000.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. John Bishop

Mailing Address 1390 Picardae Court

City State Zip Code
 Powell OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Motorists Mutual Insurance
Company

Occupation
Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 1 / 2 0 0 5

Transaction ID: R5400

Amount of Each Receipt this Period

1000.00

Check

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial) Mr. Gary Black Mailing Address 1818 E. 9th Street City State Zip Code Trenton MO 64683-2644 FEC ID number of contributing federal political committee. C Name of Employer Farmers Mutual Insurance Company of Gr Occupation Secretary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 5 Transaction ID: R5705 Amount of Each Receipt this Period 250.00 Check
B. Full Name (Last, First, Middle Initial) Mr. James A. Blum, CPCU Mailing Address 2107 Longleaf Drive City State Zip Code Fort Wayne IN 46814-9519 FEC ID number of contributing federal political committee. C Name of Employer Brotherhood Mutual Insurance Company Occupation Chairman & President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 5 Transaction ID: R5572 Amount of Each Receipt this Period 250.00 Check
C. Full Name (Last, First, Middle Initial) Mr. Jim Bricker Mailing Address 733 W. 4th Avenue City State Zip Code Olympia WA 98502 FEC ID number of contributing federal political committee. C Name of Employer PEMCO Insurance Companies Occupation Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 5 Transaction ID: R5213 Amount of Each Receipt this Period 60.00 Credit Card

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. Jim Bricker

Mailing Address 733 W. 4th Avenue

City State Zip Code
 Olympia WA 98502

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEMCO Insurance Companies

Occupation
Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 1 / 2 0 0 5

Transaction ID: R5607

Amount of Each Receipt this Period

200.00

Check

B. Full Name (Last, First, Middle Initial)

Ms. Marliiss Browder

Mailing Address 5290 Duke Street

City State Zip Code
 Alexandria VA 22304

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Federal Affairs Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 7 / 2 0 0 5

Transaction ID: R5298

Amount of Each Receipt this Period

20.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Marliiss Browder

Mailing Address 5290 Duke Street

City State Zip Code
 Alexandria VA 22304

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Federal Affairs Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 1 / 2 0 0 5

Transaction ID: R5299

Amount of Each Receipt this Period

20.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial) Ms. Marliiss Browder Mailing Address 5290 Duke Street City Alexandria State VA Zip Code 22304 FEC ID number of contributing federal political committee. C Name of Employer NAMIC Occupation Federal Affairs Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 4 / 2 0 0 5 Transaction ID: R5300 Amount of Each Receipt this Period 20.00 Manual Deduction
B. Full Name (Last, First, Middle Initial) Ms. Marliiss Browder Mailing Address 5290 Duke Street City Alexandria State VA Zip Code 22304 FEC ID number of contributing federal political committee. C Name of Employer NAMIC Occupation Federal Affairs Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 0 5 Transaction ID: R5301 Amount of Each Receipt this Period 20.00 Manual Deduction
C. Full Name (Last, First, Middle Initial) Ms. Marliiss Browder Mailing Address 5290 Duke Street City Alexandria State VA Zip Code 22304 FEC ID number of contributing federal political committee. C Name of Employer NAMIC Occupation Federal Affairs Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 7 / 2 0 0 5 Transaction ID: R5445 Amount of Each Receipt this Period 20.00 Manual Deduction

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial) Ms. Marliiss Browder			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5	
Mailing Address 5290 Duke Street			Transaction ID: R5446	
City State Zip Code Alexandria VA 22304			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			Manual Deduction	
Name of Employer NAMIC		Occupation Federal Affairs Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		
B. Full Name (Last, First, Middle Initial) Ms. Marliiss Browder			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 5	
Mailing Address 5290 Duke Street			Transaction ID: R5539	
City State Zip Code Alexandria VA 22304			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			Manual Deduction	
Name of Employer NAMIC		Occupation Federal Affairs Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		
C. Full Name (Last, First, Middle Initial) Ms. Marliiss Browder			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 5	
Mailing Address 5290 Duke Street			Transaction ID: R5580	
City State Zip Code Alexandria VA 22304			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			Manual Deduction	
Name of Employer NAMIC		Occupation Federal Affairs Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial) Ms. Marliiss Browder			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address 5290 Duke Street			Transaction ID: R5637	
City State Zip Code Alexandria VA 22304			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			Manual Deduction	
Name of Employer NAMIC		Occupation Federal Affairs Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		
B. Full Name (Last, First, Middle Initial) Ms. Marliiss Browder			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 5290 Duke Street			Transaction ID: R5638	
City State Zip Code Alexandria VA 22304			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			Manual Deduction	
Name of Employer NAMIC		Occupation Federal Affairs Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		
C. Full Name (Last, First, Middle Initial) Ms. Marliiss Browder			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 5	
Mailing Address 5290 Duke Street			Transaction ID: R5715	
City State Zip Code Alexandria VA 22304			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			Manual Deduction	
Name of Employer NAMIC		Occupation Federal Affairs Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Ms. Marliiss Browder
Mailing Address 5290 Duke Street

City State Zip Code
Alexandria VA 22304

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Federal Affairs Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 5

Transaction ID: R5758

Amount of Each Receipt this Period

20.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Marliiss Browder
Mailing Address 5290 Duke Street

City State Zip Code
Alexandria VA 22304

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Federal Affairs Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 5

Transaction ID: R5784

Amount of Each Receipt this Period

20.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Charles M. Chamness
Mailing Address 527 W 46th Street

City State Zip Code
Indianapolis IN 46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 5

Transaction ID: R5302

Amount of Each Receipt this Period

31.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

71.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code
Indianapolis IN 46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 5

Transaction ID: R5303

Amount of Each Receipt this Period

31.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code
Indianapolis IN 46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 5

Transaction ID: R5304

Amount of Each Receipt this Period

31.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code
Indianapolis IN 46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 5

Transaction ID: R5305

Amount of Each Receipt this Period

31.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code
 Indianapolis IN 46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 7 / 2 0 0 5

Transaction ID: R5447

Amount of Each Receipt this Period

31.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code
 Indianapolis IN 46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 7 / 2 0 0 5

Transaction ID: R5448

Amount of Each Receipt this Period

31.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code
 Indianapolis IN 46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 4 / 2 0 0 5

Transaction ID: R5540

Amount of Each Receipt this Period

31.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code
Indianapolis IN 46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 5

Transaction ID: R5581

Amount of Each Receipt this Period

31.00

Manual Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code
Indianapolis IN 46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 5

Transaction ID: R5639

Amount of Each Receipt this Period

31.00

Manual Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code
Indianapolis IN 46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 5

Transaction ID: R5640

Amount of Each Receipt this Period

31.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code
Indianapolis IN 46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 5

Transaction ID: R5716

Amount of Each Receipt this Period

31.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code
Indianapolis IN 46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 5

Transaction ID: R5759

Amount of Each Receipt this Period

31.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code
Indianapolis IN 46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 5

Transaction ID: R5785

Amount of Each Receipt this Period

31.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Mr. Leland D. Chisolm, Jr.
Mailing Address 550 Eisenhower Road

City State Zip Code
Leavenworth KS 66048-1190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Armed Forces Insurance Ex-
change

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 5

Transaction ID: R5501

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Darwin Copeman
Mailing Address 1202 Aerie Lane

City State Zip Code
Cameron MO 64429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cameron Insurance Compani-
es

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 5

Transaction ID: R5422

Amount of Each Receipt this Period

500.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Darwin Copeman
Mailing Address 1202 Aerie Lane

City State Zip Code
Cameron MO 64429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cameron Insurance Compani-
es

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 5

Transaction ID: R5737

Amount of Each Receipt this Period

500.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. Keith Escue

Mailing Address 703 W. Poplar

City State Zip Code
 Rogers AR 72756-4443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company

Occupation
Secretary/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 4 / 2 0 0 5

Transaction ID: R5497

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Henry H. Gibbel

Mailing Address 2 North Broad Street, PO Box 900

City State Zip Code
 Lititz PA 17543-7007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lititz Mutual Insurance
Company

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 0 5

Transaction ID: R5436

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Clarence Guinn, CPA

Mailing Address P.O. Box 489

City State Zip Code
 Rogers AR 72757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 2 / 2 0 0 5

Transaction ID: R5743

Amount of Each Receipt this Period

350.00

Check

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Mr. Peter C. Hanson

Mailing Address 999 3rd Avenue
#3900

City State Zip Code
Seattle WA 98104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Enumclaw Insurance

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 5

Transaction ID: R5568

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. Gary P. Hardy

Mailing Address 6251 Morgan Drive

City State Zip Code
Olive Branch MS 38654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Home Mutual Fire Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 5

Transaction ID: R5484

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. Gerald J. Healy

Mailing Address The Curtis Center, Independence Sq

City State Zip Code
Philadelphia PA 19106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insurance

Occupation
Vice President - Field Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 5

Transaction ID: R5489

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial) Mr. Bruce N. Heaton			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 5	
Mailing Address 305 Decatur Street, Box 340			Transaction ID: R5525	
City State Zip Code Lincoln IL 62656			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Check	
Name of Employer Frontier Mutual Insurance Company		Occupation Secretary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. John Hill			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 5	
Mailing Address 1 Park Avenue			Transaction ID: R5439	
City State Zip Code New York NY 10016			Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C			Credit Card	
Name of Employer Magna Carta Companies		Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
C. Full Name (Last, First, Middle Initial) Mr. Marcus Hill			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 5	
Mailing Address PO Box 88			Transaction ID: R5504	
City State Zip Code Fort Worth TX 76101-0088			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Check	
Name of Employer Agricultural Workers Mutual Auto Insur		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial) Mr. H. Gregg Huey Mailing Address 10 W 106th Street City Indianapolis State IN Zip Code 46290 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 5 Transaction ID: R5602 Amount of Each Receipt this Period 500.00 Credit Card
Name of Employer Indiana Farmers Mutual Insurance Company Occupation Senior V.P., COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Ms. Cilla Dressen Hughes Mailing Address 245 N. Tyler Street; PO Box 358 City Tyler State MN Zip Code 56178-0358 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 5 Transaction ID: R5416 Amount of Each Receipt this Period 250.00 Check
Name of Employer Hope St. Leo Mutual Insurance Company Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Ms. Judy S. Jackson Mailing Address 48 Great Hillwood Road City Moodus State CT Zip Code 06469 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 5 Transaction ID: R5685 Amount of Each Receipt this Period 250.00 Check
Name of Employer New London County Mutual Insurance Com Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. Kenneth D. Johnson

Mailing Address 602 N. Victoria Road

City State Zip Code
 Donna TX 78537

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Missouri Mutual Ins-
urance Compan

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 5

Transaction ID: R5810

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Mark D. Jones

Mailing Address PO Box 236

City State Zip Code
 Conway AR 72033-0236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Home Mutual Fire Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 0 / 2 0 0 5

Transaction ID: R5486

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Ms. Jo Ann Kuschel, PFMM

Mailing Address 545 Harold H. Meyer Drive

City State Zip Code
 New Haven MO 63068-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boeuf & Berger Mutual Ins-
urance Compan

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 5

Transaction ID: R5707

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Mr. Ronald J. LeBlanc, CFA, CPCU

Mailing Address 222 Ames Street

City State Zip Code
Dedham MA 02027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Group

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 5

Transaction ID: R5569

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Randall Lewis

Mailing Address 21305 Chase Street

City State Zip Code
Canoga Park CA 91304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grange Insurance Group

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 5

Transaction ID: R5630

Amount of Each Receipt this Period

1000.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Dale W. Little, CIC

Mailing Address 1510 North Elms Road

City State Zip Code
Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insurance Company

Occupation
Chairman/ CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 5

Transaction ID: R5510

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial) Ms. Peggy N. McDaniel Mailing Address PO Box 619 City State Zip Code Buffalo MO 65622-0619 FEC ID number of contributing federal political committee. C Name of Employer Old Missouri Mutual Insurance Company Occupation Secretary/Treasurer/ Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 5 Transaction ID: R5490 Amount of Each Receipt this Period 250.00 Cash
B. Full Name (Last, First, Middle Initial) Mr. Gerard T. McDermott Mailing Address 67 Meadow Street City State Zip Code Norwood MA 02062-5647 FEC ID number of contributing federal political committee. C Name of Employer Norfolk & Dedham Group Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5 Transaction ID: R5520 Amount of Each Receipt this Period 250.00 Check
C. Full Name (Last, First, Middle Initial) Mr. Joseph M. McGurrian Mailing Address 170 South Independence Mall West City State Zip Code Philadelphia PA 19106-3388 FEC ID number of contributing federal political committee. C Name of Employer Pennsylvania Lumbermens Mutual Insurance Occupation Assistant V.P. - Information Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 5 Transaction ID: R5514 Amount of Each Receipt this Period 250.00 Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stan W. McNaughton

Mailing Address 4425 East Lake Goodwin Road

City State Zip Code
 Stanwood WA 98292

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEMCO Insurance Companies

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 1 / 2 0 0 5

Transaction ID: R5608

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Meske

Mailing Address 71 Inman Road

City State Zip Code
 Weymouth MA 02188-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quincy Mutual Fire Insurance Company

Occupation
Executive Vice President/Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 5 / 2 0 0 5

Transaction ID: R5515

Amount of Each Receipt this Period

500.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Mr. John C. Mitchell

Mailing Address 543 State Hwy 320

City State Zip Code
 Norwich NY 13411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 5

Transaction ID: R5404

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. Harry Palmer

Mailing Address 15394 Guthrie

City State Zip Code
 Pea Ridge AR 72751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 7 / 2 0 0 5

Transaction ID: R5806

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. John A. Paul

Mailing Address 40962 Brothers Ave

City State Zip Code
 Henderson IA 51541-4048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Iowa Mutual Insur-
ance Associat

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 4 / 2 0 0 5

Transaction ID: R5493

Amount of Each Receipt this Period

300.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. John A. Paul

Mailing Address 40962 Brothers Ave

City State Zip Code
 Henderson IA 51541-4048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Iowa Mutual Insur-
ance Associat

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 7 / 2 0 0 5

Transaction ID: R5702

Amount of Each Receipt this Period

300.00

Check

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. Richard M. Raun

Mailing Address PO Box 240

City State Zip Code
 Carlton MN 55718-0240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woodland Mutual Insurance
Company

Occupation
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 7 / 2 0 0 5

Transaction ID: R5805

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. L. Gerald Roach, CPCU, FLMI

Mailing Address 4027 Monument Ave.

City State Zip Code
 Richmond VA 23230-3907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 7 / 2 0 0 5

Transaction ID: R5700

Amount of Each Receipt this Period

1000.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Roger Schmelzer

Mailing Address 928 West 77th Street

City State Zip Code
 Indianapolis IN 46260-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 7 / 2 0 0 5

Transaction ID: R5343

Amount of Each Receipt this Period

20.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

1270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Mr. Roger Schmelzer
Mailing Address 928 West 77th Street

City State Zip Code
Indianapolis IN 46260-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 5

Transaction ID: R5344

Amount of Each Receipt this Period

20.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Roger Schmelzer
Mailing Address 928 West 77th Street

City State Zip Code
Indianapolis IN 46260-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 5

Transaction ID: R5345

Amount of Each Receipt this Period

20.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Roger Schmelzer
Mailing Address 928 West 77th Street

City State Zip Code
Indianapolis IN 46260-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 5

Transaction ID: R5346

Amount of Each Receipt this Period

20.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Mr. Roger Schmelzer
Mailing Address 928 West 77th Street

City State Zip Code
Indianapolis IN 46260-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 0 5

Transaction ID: R5467

Amount of Each Receipt this Period

20.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Roger Schmelzer
Mailing Address 928 West 77th Street

City State Zip Code
Indianapolis IN 46260-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 5

Transaction ID: R5468

Amount of Each Receipt this Period

20.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Roger Schmelzer
Mailing Address 928 West 77th Street

City State Zip Code
Indianapolis IN 46260-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 5

Transaction ID: R5551

Amount of Each Receipt this Period

20.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 60

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Mr. Roger Schmelzer
Mailing Address 928 West 77th Street

City State Zip Code
Indianapolis IN 46260-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 5

Transaction ID: R5592

Amount of Each Receipt this Period

20.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Roger Schmelzer
Mailing Address 928 West 77th Street

City State Zip Code
Indianapolis IN 46260-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 5

Transaction ID: R5661

Amount of Each Receipt this Period

20.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Roger Schmelzer
Mailing Address 928 West 77th Street

City State Zip Code
Indianapolis IN 46260-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 5

Transaction ID: R5662

Amount of Each Receipt this Period

20.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Mr. Roger Schmelzer
Mailing Address 928 West 77th Street

City State Zip Code
Indianapolis IN 46260-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 5

Transaction ID: R5727

Amount of Each Receipt this Period

20.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Roger Schmelzer
Mailing Address 928 West 77th Street

City State Zip Code
Indianapolis IN 46260-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 5

Transaction ID: R5771

Amount of Each Receipt this Period

20.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Roger Schmelzer
Mailing Address 928 West 77th Street

City State Zip Code
Indianapolis IN 46260-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 5

Transaction ID: R5797

Amount of Each Receipt this Period

20.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Mr. Gerald P. Schmidt
Mailing Address 1460 Wells Street

City State Zip Code
Enumclaw WA 98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Enumclaw Insurance Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 5

Transaction ID: R5502

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)
Ms. Kristen Sizelove
Mailing Address 1420 Bayswater Lane

City State Zip Code
Cicero IN 46034

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Director of Membership Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 5

Transaction ID: R5351

Amount of Each Receipt this Period

20.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Kristen Sizelove
Mailing Address 1420 Bayswater Lane

City State Zip Code
Cicero IN 46034

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Director of Membership Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 5

Transaction ID: R5352

Amount of Each Receipt this Period

20.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Ms. Kristen Sizelove
Mailing Address 1420 Bayswater Lane

City State Zip Code
Cicero IN 46034

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Director of Membership Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 5

Transaction ID: R5353

Amount of Each Receipt this Period

20.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Kristen Sizelove
Mailing Address 1420 Bayswater Lane

City State Zip Code
Cicero IN 46034

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Director of Membership Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 5

Transaction ID: R5354

Amount of Each Receipt this Period

20.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Kristen Sizelove
Mailing Address 1420 Bayswater Lane

City State Zip Code
Cicero IN 46034

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Director of Membership Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 0 5

Transaction ID: R5471

Amount of Each Receipt this Period

20.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Ms. Kristen Sizelove

Mailing Address 1420 Bayswater Lane

City State Zip Code
Cicero IN 46034

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Director of Membership Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 5

Transaction ID: R5472

Amount of Each Receipt this Period

20.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)

Ms. Kristen Sizelove

Mailing Address 1420 Bayswater Lane

City State Zip Code
Cicero IN 46034

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Director of Membership Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 5

Transaction ID: R5553

Amount of Each Receipt this Period

20.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Kristen Sizelove

Mailing Address 1420 Bayswater Lane

City State Zip Code
Cicero IN 46034

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Director of Membership Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 5

Transaction ID: R5594

Amount of Each Receipt this Period

20.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial) Ms. Kristen Sizelove Mailing Address 1420 Bayswater Lane City Cicero State IN Zip Code 46034 FEC ID number of contributing federal political committee. C Name of Employer NAMIC Occupation Director of Membership Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 5 Transaction ID: R5665 Amount of Each Receipt this Period 20.00 Manual Deduction
B. Full Name (Last, First, Middle Initial) Ms. Kristen Sizelove Mailing Address 1420 Bayswater Lane City Cicero State IN Zip Code 46034 FEC ID number of contributing federal political committee. C Name of Employer NAMIC Occupation Director of Membership Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5 Transaction ID: R5666 Amount of Each Receipt this Period 20.00 Manual Deduction
C. Full Name (Last, First, Middle Initial) Ms. Kristen Sizelove Mailing Address 1420 Bayswater Lane City Cicero State IN Zip Code 46034 FEC ID number of contributing federal political committee. C Name of Employer NAMIC Occupation Director of Membership Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 5 Transaction ID: R5729 Amount of Each Receipt this Period 20.00 Manual Deduction

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Ms. Kristen Sizelove

Mailing Address 1420 Bayswater Lane

City State Zip Code
Cicero IN 46034

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Director of Membership Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 5

Transaction ID: R5773

Amount of Each Receipt this Period

20.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)

Ms. Kristen Sizelove

Mailing Address 1420 Bayswater Lane

City State Zip Code
Cicero IN 46034

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Director of Membership Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 5

Transaction ID: R5798

Amount of Each Receipt this Period

20.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)

Mr. John Kevin Smith

Mailing Address 21 Riverview Drive

City State Zip Code
West Trenton NJ 08628-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 5

Transaction ID: R5527

Amount of Each Receipt this Period

500.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial) Mr. Walter C. Smythe, CPCU, AAI		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 5	
Mailing Address Auburn Business Park P.O. Box 1960		Transaction ID: R5506	
City Auburn State ME Zip Code 04211-1960		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Patrons Oxford Insurance Company Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			
B. Full Name (Last, First, Middle Initial) Mr. Paul O. Stillman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 0 / 2 0 0 5	
Mailing Address 14 Ridgewood Lane Sea Pines Plantation		Transaction ID: R5751	
City Hilton Head Island State SC Zip Code 29928		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Preferred Mutual Insurance Company Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			
C. Full Name (Last, First, Middle Initial) Mr. Daniel E. Stone		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 2243 W. State Road		Transaction ID: R5811	
City Sheridan State IN Zip Code 46069-9743		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Indiana Farmers Mutual Insurance Company Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Mr. Douglas M. Sullivan, CIC, PFMM

Mailing Address 728 Meadowlark Court

City State Zip Code
 Geneseo IL 61254-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Svea Mutual Insurance Com-
pany

Occupation
Secretary-Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 5

Transaction ID: R5682

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. Bruce D. Thomas, PFMM

Mailing Address 1615 E. Elm

City State Zip Code
 Alogona IA 50511-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 3 1 / 2 0 0 5

Transaction ID: R5413

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. Douglas J. Wacek

Mailing Address PO Box 158

City State Zip Code
 Montpelier VT 05601-0158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Mutual Fire Group

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 5 / 2 0 0 5

Transaction ID: R5517

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert A. Wadsworth, CIC,CPCU

Mailing Address 7 New Berlin Heights
P.O. Box 175

City State Zip Code
New Berlin NY 13411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation
Chairman/President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 5

Transaction ID: R5495

Amount of Each Receipt this Period

1000.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. David H. White

Mailing Address 422 W. Highland Drive

City State Zip Code
Jonesboro AR 72401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Home Mutual Fire Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 5

Transaction ID: R5485

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Ms. Mary E. White

Mailing Address P.O. Box 416

City State Zip Code
Conway AR 72033-0416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Home Mutual Fire Insurance
Company

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 5

Transaction ID: R5487

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. Robert White

Mailing Address P.O. Box 18847

City State Zip Code
 Greensboro NC 27419-8847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alliance Mutual Insurance
Co.

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 5 / 2 0 0 5

Transaction ID: R5516

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Wayne F. White, CPA

Mailing Address 78 Hill Farm Road

City State Zip Code
 Conway AR 72032-9041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Home Mutual Fire Insurance
Company

Occupation
President/Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 0 5

Transaction ID: R5528

Amount of Each Receipt this Period

1000.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. David A. Winston

Mailing Address 122 C Street, NW, Suite 540

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 7 / 2 0 0 5

Transaction ID: R5371

Amount of Each Receipt this Period

31.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

1281.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial) Mr. David A. Winston			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 1 / 2 0 0 5	
Mailing Address 122 C Street, NW, Suite 540			Transaction ID: R5372	
City State Zip Code Washington DC 20001			Amount of Each Receipt this Period 31.00	
FEC ID number of contributing federal political committee. C			Manual Deduction	
Name of Employer NAMIC		Occupation Vice President - Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 403.00		
B. Full Name (Last, First, Middle Initial) Mr. David A. Winston			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 4 / 2 0 0 5	
Mailing Address 122 C Street, NW, Suite 540			Transaction ID: R5373	
City State Zip Code Washington DC 20001			Amount of Each Receipt this Period 31.00	
FEC ID number of contributing federal political committee. C			Manual Deduction	
Name of Employer NAMIC		Occupation Vice President - Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 403.00		
C. Full Name (Last, First, Middle Initial) Mr. David A. Winston			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 0 5	
Mailing Address 122 C Street, NW, Suite 540			Transaction ID: R5374	
City State Zip Code Washington DC 20001			Amount of Each Receipt this Period 31.00	
FEC ID number of contributing federal political committee. C			Manual Deduction	
Name of Employer NAMIC		Occupation Vice President - Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 403.00		

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. David A. Winston

Mailing Address 122 C Street, NW, Suite 540

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 7 / 2 0 0 5

Transaction ID: R5480

Amount of Each Receipt this Period

31.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)

Mr. David A. Winston

Mailing Address 122 C Street, NW, Suite 540

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 7 / 2 0 0 5

Transaction ID: R5481

Amount of Each Receipt this Period

31.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)

Mr. David A. Winston

Mailing Address 122 C Street, NW, Suite 540

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 4 / 2 0 0 5

Transaction ID: R5557

Amount of Each Receipt this Period

31.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. David A. Winston

Mailing Address 122 C Street, NW, Suite 540

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 5

Transaction ID: R5598

Amount of Each Receipt this Period

31.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)

Mr. David A. Winston

Mailing Address 122 C Street, NW, Suite 540

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 9 / 2 0 0 5

Transaction ID: R5673

Amount of Each Receipt this Period

31.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)

Mr. David A. Winston

Mailing Address 122 C Street, NW, Suite 540

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC

Occupation
Vice President - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: R5674

Amount of Each Receipt this Period

31.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial) Mr. David A. Winston		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address 122 C Street, NW, Suite 540		Transaction ID: R5733
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.00
Name of Employer NAMIC	Occupation Vice President - Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.00	
		Manual Deduction

B. Full Name (Last, First, Middle Initial) Mr. David A. Winston		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 122 C Street, NW, Suite 540		Transaction ID: R5777
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.00
Name of Employer NAMIC	Occupation Vice President - Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.00	
		Manual Deduction

C. Full Name (Last, First, Middle Initial) Mr. David A. Winston		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 4 / 2 0 0 5
Mailing Address 122 C Street, NW, Suite 540		Transaction ID: R5803
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.00
Name of Employer NAMIC	Occupation Vice President - Federal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.00	
		Manual Deduction

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. Michael A. Yeager

Mailing Address 1690 Scherersville Road

City State Zip Code
Allentown PA 18104-9779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehigh Mutual Insurance
Company

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 5

Transaction ID: R5405

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Jerry Zenke, PFMM

Mailing Address PO Box 708

City State Zip Code
Houston MN 55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 5

Transaction ID: R5625

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

22446.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 60

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)
Country Insurance & Financial Services

Mailing Address PO Box 2100

City State Zip Code
Bloomington IL 61702-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 5

Transaction ID: R5686

Amount of Each Receipt this Period

5000.00

Check

B. Full Name (Last, First, Middle Initial)
Motorists Mutual Insurance Company Civic Fund

Mailing Address 471 East Broad Street

City State Zip Code
Columbus OH 43215-3861

FEC ID number of contributing
federal political committee.

C

C00336834

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 5

Transaction ID: R5403

Amount of Each Receipt this Period

1500.00

Check

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

6500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address North Capital and E Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D674

Date of Disbursement

01 / 31 / 2005

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

B. Wachovia Bank

Mailing Address North Capital and E Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D636

Date of Disbursement

03 / 31 / 2005

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

C. Wachovia Bank

Mailing Address North Capital and E Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D676

Date of Disbursement

03 / 31 / 2005

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional) ►

15.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address North Capital and E Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D637

Date of Disbursement

04 / 30 / 2005

Amount of Each Disbursement this Period

37.00

B. National City

Full Name (Last, First, Middle Initial)

Mailing Address 1417 W 86th St

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D630

Date of Disbursement

01 / 31 / 2005

Amount of Each Disbursement this Period

92.42

C. National City

Full Name (Last, First, Middle Initial)

Mailing Address 1417 W 86th St

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D631

Date of Disbursement

02 / 28 / 2005

Amount of Each Disbursement this Period

31.74

SUBTOTAL of Disbursements This Page (optional)

161.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NAMIC PAC

Full Name (Last, First, Middle Initial)

A. National City

Mailing Address 1417 W 86th St

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D632

Date of Disbursement

/ /

Amount of Each Disbursement this Period

99.15

Full Name (Last, First, Middle Initial)

B. National City

Mailing Address 1417 W 86th St

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D633

Date of Disbursement

/ /

Amount of Each Disbursement this Period

109.63

Full Name (Last, First, Middle Initial)

C. National City

Mailing Address 1417 W 86th St

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D634

Date of Disbursement

/ /

Amount of Each Disbursement this Period

54.10

SUBTOTAL of Disbursements This Page (optional)

262.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NAMIC PAC

Full Name (Last, First, Middle Initial)

A. National City

Mailing Address 1417 W 86th St

City
Indianapolis

State
IN

Zip Code
46260

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D635

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	5

Amount of Each Disbursement this Period

76.65

SUBTOTAL of Disbursements This Page (optional)

76.65

TOTAL This Period (last page this line number only)

515.69

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 NAMIC PAC

A. Baker for Congress Full Name (Last, First, Middle Initial) Baker for Congress Mailing Address 616 E Street, NW #802 City Washington State DC Zip Code 20004 Purpose of Disbursement Contr. Candidate Name Richard H. Baker Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D617 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 5 Amount of Each Disbursement this Period 5000.00
B. Ben Cardin for Senate Full Name (Last, First, Middle Initial) Ben Cardin for Senate Mailing Address 10 G Street, NE Suite 470 City Washington State DC Zip Code 20002 Purpose of Disbursement Contr. Candidate Name Benjamin L. Cardin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D622 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 5 Amount of Each Disbursement this Period 1000.00
C. Ben Nelson for US Senate Committee Full Name (Last, First, Middle Initial) Ben Nelson for US Senate Committee Mailing Address 420 C Street, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Contr. Ben Nelson (NE-D) Candidate Name E. Benjamin Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D608 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NAMIC PAC

A. Bob Ney for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 490 City St Clairsville State OH Zip Code 43950 Purpose of Disbursement Contr. Bob W. Ney (OH-18-R) Candidate Name Robert W. Ney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D618 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 5 Amount of Each Disbursement this Period 1000.00
B. Coble for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 1177 City Greensboro State NC Zip Code 27402 Purpose of Disbursement Contr. Candidate Name Howard Coble Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06 Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D600 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5 Amount of Each Disbursement this Period 2000.00
C. Debbie Wasserman Schultz for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 71147 City Washington State DC Zip Code 20024 Purpose of Disbursement Contr. Debbie Wasserman Schultz Candidate Name Debbie Wasserman-Schultz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D614 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 5 Amount of Each Disbursement this Period 1000.00 (FL-20-D)
SUBTOTAL of Disbursements This Page (optional)		4000.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Friends of George Allen

Mailing Address 1805 Monument Avenue
 Suite 203

City Richmond State VA Zip Code 23220

Purpose of Disbursement
 Contr.

Candidate Name
 George F. Allen

Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District:

Transaction ID: D623

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Jack Kingston

Mailing Address Norwood Plaza
 7360 Skidaway Road

City Savannah State GA Zip Code 31406

Purpose of Disbursement
 Contr.

Candidate Name
 Jack Kingston

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 01

Transaction ID: D620

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement
 Contr.

Candidate Name
 Jeb Hensarling

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 05

Transaction ID: D616

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NAMIC PAC

A. Heartland Values PAC Full Name (Last, First, Middle Initial) Mailing Address 224 N. Phillips Avenue Suite 210 City Sioux Falls State SD Zip Code 57104 Purpose of Disbursement Contr. Heartland Values PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D677 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 5 Amount of Each Disbursement this Period 1000.00
B. Jerry Weller for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 15283 City Washington State DC Zip Code 20003 Purpose of Disbursement Contr. Jerry Weller (IL-11-R) Candidate Name Gerald C. Weller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D626 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 5 Amount of Each Disbursement this Period 1000.00
C. KOMPAC Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 20209 City Alexandria State VA Zip Code 22320 Purpose of Disbursement Contr. KOMPAC (VA-R) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D604 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period 2500.00
SUBTOTAL of Disbursements This Page (optional)		4500.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 NAMIC PAC

A. Full Name (Last, First, Middle Initial) Latham for Congress		Transaction ID: D619 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 8 / 2 0 0 5</div> </div>
Mailing Address PO Box 71		Amount of Each Disbursement this Period <div>1000.00</div>
City Clarion State IA Zip Code 50525		
Purpose of Disbursement Contr. Tom Latham (IA-4-R)	<div>Category/Type</div>	
Candidate Name Thomas P. Latham		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Mark Kennedy for Congress		Transaction ID: D610 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 5</div> </div>
Mailing Address 1350 Energy Lane, Suite 101		Amount of Each Disbursement this Period <div>2500.00</div>
City St. Paul State MN Zip Code 55108		
Purpose of Disbursement Contr.	<div>Category/Type</div>	
Candidate Name Mark R. Kennedy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Matheson for Congress		Transaction ID: D621 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 0 5</div> </div>
Mailing Address PO Box 636		Amount of Each Disbursement this Period <div>1000.00</div>
City Annandale State VA Zip Code 22003		
Purpose of Disbursement Contr. Jim Matheson (UT-2-D)	<div>Category/Type</div>	
Candidate Name James D. Matheson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 NAMIC PAC

A. Full Name (Last, First, Middle Initial) Oxley for Congress		Transaction ID: D613 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 5</div> </div>
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period <div>5000.00</div>
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Contr.	<div>Category/Type</div>	
Candidate Name Michael G. Oxley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) PRYCE Project		Transaction ID: D680 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 7 / 2 0 0 5</div> </div>
Mailing Address 1155 21st Street, Suite 300		Amount of Each Disbursement this Period <div>2500.00</div>
City Washington State DC Zip Code 20036		
Purpose of Disbursement Contr. PRYCE Project	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski		Transaction ID: D615 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 0 5</div> </div>
Mailing Address 126 South Franklin Street		Amount of Each Disbursement this Period <div>1000.00</div>
City Wilkes-Barre State PA Zip Code 18701		
Purpose of Disbursement Contr.	<div>Category/Type</div>	
Candidate Name Paul E. Kanjorski		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
 Contr. Rely on Your Beliefs Fund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D678

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Renzi for Congress

Mailing Address PO Box 2601

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
 Contr.

Candidate Name
 Rick Renzi

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 01

Transaction ID: D607

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rogers for Congress

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202

Purpose of Disbursement
 Contr. Mike Rogers (MI-8-R)

Candidate Name
 Michael J. Rogers

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: D606

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 NAMIC PAC

A. Santorum 2006 Full Name (Last, First, Middle Initial) Mailing Address c/o 1203 Portner Road City Alexandria State VA Zip Code 22314 Purpose of Disbursement Contr. Candidate Name Rick Santorum Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:		Transaction ID: D625 Date of Disbursement 06 / 24 / 2005 Amount of Each Disbursement this Period 1000.00
B. Scott Garrett for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 905 City Newton State NJ Zip Code 07860 Purpose of Disbursement Contr. Candidate Name Scott Garrett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 05		Transaction ID: D628 Date of Disbursement 06 / 30 / 2005 Amount of Each Disbursement this Period 1000.00
C. TOMPAC Full Name (Last, First, Middle Initial) Mailing Address PO Box 16488 City Arlington State VA Zip Code 22215 Purpose of Disbursement Contr. TOMPAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D681 Date of Disbursement 02 / 14 / 2005 Amount of Each Disbursement this Period 2500.00
SUBTOTAL of Disbursements This Page (optional)		4500.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Talent for Senate

Mailing Address 507 Capitol Court NE, #100

City Washington State DC Zip Code 20002

Purpose of Disbursement
 Contr.

Candidate Name
 James M. Talent

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 02

Transaction ID: D627

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Team Emerson

Mailing Address Attn: David S. Limbaugh, Treasurer
 400 S. Broadway, Suite 501

City Cape Girardeau State MO Zip Code 63702-0822

Purpose of Disbursement
 Contr.

Candidate Name
 Jo Ann Emerson

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 08

Transaction ID: D624

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. The Blue Dog PAC

Mailing Address 236 Massachusetts Ave., NE, Suite 5

City Washington State DC Zip Code 20002

Purpose of Disbursement
 Contr. Blue Dog Coalition (DC-D)

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D611

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NAMIC PAC

Full Name (Last, First, Middle Initial)

A. The Freedom Project

Mailing Address 111 C Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contr. Freedom Project, The

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D679

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

47500.00